

# REGISTRATION FORM:

IN THE NAME OF ALLAH, THE BENEFICIENT AND MERCIFUL

Jaffarya Center Of The Niagra Frontier Inc.

Student's Name:

\_\_\_\_\_ Age: \_\_\_\_\_

Food Allergies, if any: \_\_\_\_\_

Parent's Names:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone #: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email:

\_\_\_\_\_

Registration Fee per year: 1-2 students ..... \$150.00 per student

Additional students from same family.....\$100.00 per student

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_